NOV - 1 1999

SHANTOU INSTITUTE OF ULTRASONIC INSTRUMENTS

汕头超声仪器研究所

1984203

Premarket Notification [510(k)] Summary

Revised Jersion

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Februarie Years

Februaries August 10, 1999 (revised)

Trade Name: SIUI Apogee 800 PLUS Ultrasound Imaging System

SIUI 5-2 C40 Transducer SIUI 11-5L40 Transduced

Common Name: Ultrasound Imaging System

<u>Classification:</u> This product is substantially equivalent to one or more of the products FDA has classified or has proposed classification, as Class II devices, including

Ultrasonic pulsed Doppler imaging system 21 CFR 892.1550 Ultrasonic pulsed echo imaging system 21 CFR 892.1560 Diagnostic ultrasonic transducer 21 CFR 892.1570

Manufacturer's Name: Shantou Institute of Ultrasonic Instruments

Address:

#2, Jinsha Road, M.,

Shantou Sez, 515041, China

Corresponding Official:

Mr. Jinzhong Yao

Title:

President

Telephone: (86) 754-8250150

Fax: (86) 754-8251499

Establishment Registration Number: 9615439

<u>Predicate</u>: Advanced Technology Laboratories, Ultramark 9 HDI

system, K903603 and Interspec Inc Apogee RX 400,

K924231

Device Description: Apogee 800 PLUS transmits ultrasound waves, receives the echoes, and generates images based on information contained in the echoes.

The format in which the information is displayed depends on the imaging mode or modes that you select. The system is capable of

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real-time two-dimensional (2D) imaging, motion mode (M-mode) imaging, Doppler imaging, Power imaging, and color imaging.

The system supports application and exam type presets, which means that the system is automatically optimized for the scanhead and application you have selected. Additionally, analysis protocols are made available so that you can store measurements in the patient's report.

Physically the system consists of the monitor module, the control module, the main chassis, and transducers.

Intended Use: Ultrasonic pulsed echo imaging, measurement, color Doppler, and color velocity imaging for Fetal, Abdominal, Pediatric, Small Organ, and Peripheral Vascular.

<u>Technological Characteristics:</u> See the attached four Comparison Tables for the SIUI Apogee 800 PLUS and the ATL Ultramark 9.

SIUI Apogee 800PLUS Ultrasound Imaging System

1 Indications for Use

Device Type	Ophthalmic	Fetal	Abdominal	Pediatric	Small Organ	Cardiac	Peripheral Vascular
ATL Ultramark 9	Yes	Yes	Yes	Yes	Yes	Yes	Yes
SIUI Apogee 800PLUS	No	Yes	Yes	Yes	Yes	No	Yes

2 OPERATION MODES

Device Type	2-D B	M	PW	cw	Color Flow	HPRF	СРА	Color M
ATL Ultramark 9	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
SIUI Apogee 800PLUS	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes

3 DISPLAY FORMATS

DISPLAY FO	RMATS	SIUI	ATL
		Apogee 800PLUS	Ultramark 9
Full Screen	2 D B-MODE	Yes	Yes
	M-MODE	Yes	Yes
	CFM	Yes	Yes
	COLOR M-MODE	Yes	Yes
	DOPPLER SPECTRUM	Yes	Yes
Top/Bottom	2D/DOPPLER SPECTRUM	Yes	Yes
Split Screen	2D/M	Yes	Yes
	CFM/DOPPLER SPECTRUM	Yes	Yes
	CFM/M	Yes	Yes
	CFM/COLOR M	Yes	Yes
Side by Side	2D/2D	Yes	Yes
Split Screen	2D/CFM	Yes	Yes
	CFM/CFM	Yes	Yes
	CFM/CPA	Yes	No
	2D/2D ZOOM	Yes	Yes
	CFM/COLOR ZOOM	Yes	Yes
General	Freeze Frame	Yes	Yes
Formats	Apex Invert	Yes	Yes
	Left/Right Reverse	Yes	Yes
	Video Invert for Doppler Spectrum	Yes	Yes
	Video Invert for M-Mode	Yes	Yes

^{*} CFM – COLOR FLOW IMAGING or COLOR DOPPLER

4 Other Specifications

	ATL Ultramark 9	SIUI Apogee 800PLUS
Gray Scale	256 (8bits)	256 (8 bits)
Frame Rate (Max)	156 FPS	70 FPS
Beamformer	Digital	Analog
Signal post processing	Yes	Yes
Image Modification	8x, continuously variable	24x, continuously variable
Preprogrammability	Yes	Yes
Cineloop	Yes	Yes
Imaging depth (max)	25 (cm)	24 (cm)
Doppler measurable velocities (max)	13.6 m/s (for CW)	8 m/s (for PW)





NOV - 1 1999

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Shantou Institute of Ultrasonic Instruments c/o Robert Morton President QRS 1106 Chiltern Drive Walnut Creek, CA 94596

Re: K984203

SIUI Apogee 800PLUS Ultrasound Imaging System

Regulatory Class: II

21 CFR 892.1550/Procode: 90 IYN

Dated: August 9, 1999 Received: August 17, 1999

Dear Mr. Morton:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the SIUI Apogee 800PLUS Ultrasound Imaging System, as described in your premarket notification:

Transducer Model Number

Convex Array 5-2C40 Linear Array 11-5L40

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval) it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic QS inspections, the FDA will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, the Food and Drug Administration (FDA) may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification does not affect any obligation you may have under sections 531 and 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4591. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its tollfree number (800) 638-2041 or at (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

If you have any questions regarding the content of this letter, please contact Rodrigo C. Perez at (301) 594-1212.

Sincerely yours,

CAPT. Daniel G. Schultz, M.D.

Acting Director, Division of Reproductive,

Abdominal and Radiological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Re: K984203

SIUI Apogee 800PLUS Ultrasound Imaging System

Indications for Use Form

Diagnostic Ultrasound System Indications for Use Form

Device Name: SIUI Apogee 800 PLUS

Clinical Application	Mo	de of	Оре	ration						
	A	В	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (specify)	Other (specify)
Ophthalmic				<u> </u>					<u> </u>	
Fetal	<u> </u>	N	N	<u> </u>					N	
Abdominal		N	N		<u> </u>				N	
Intraoperative (specify)										
Intraoperative Neurological										
Pediatric		N	N	N		N	<u> </u>		N	
Small Organ (specify)		N	N	N		N			N	
Neonatal Cephalic					ļ					
Adult Cephalic										
Cardiac				<u></u>	<u> </u>		<u> </u>			
Transesophageal										
Transrectal	<u> </u>				<u> </u>					
Transvaginal	1		<u> </u>							<u> </u>
Transurethrat	<u> </u>				ļ					
Intravascular			<u> </u>		ļ		<u> </u>			
Perpheral Vascular		N	N	N	ļ	N	 		N .	
Laparoscopic	1		<u> </u>		 	<u> </u>				
Musculo-skeletal Conventional										
Musculo-skeletal superficial								<u>.</u>		
Other (specify)										

uler (Specify)			ــــــــــــــــــــــــــــــــــــــ						L			•
N=new indicat	ion											
Additional Cor	nments: <u>S</u>	mall o	rgan in	cludes: t	hyroid. p	arathyroid s	ubmaxillary	gland, te	stes and b	reast		
Combined Mo	des: Fetal	: B+M	····									
	Abdo	minal:	В+М					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	Pedi	atric: E	<u> + M</u> _E	+ PWD	. B + Co	lor B + Colo	r + M. B + C	olor + P	MD			
	Sma	i Orga	n: B +	M. B+PV	VD_B + 1	Color, B +Co	lor +M. B+ C	Color + P	WD		·	
	Perir	heral '	Vascul	ar B+M.	6+ PW0). B+ color. F	+ Color + N	и. B + C	olor + PWC)		
·	Р	LEASE	DO NOT	WRITE	SELOW TH	IIS LINE - CO	TINUE ON A	NOTHER	PAGE IF NE	EDED/		
			c	oncurrer	ice of CDI	RH, office of D	evice Eveluat	ion (OBE)	T /			
Prescription	Use (Pe	r 21 (CFR 8	01.109))			() x	1			
							Minician S	ian Off	\			

(Division Sign-Off)

Division of Reproductive, Abdominal, ENT, and Radiological Devices

510(k) Number_

Re: K984203

SIUI Apogee 800PLUS Ultrasound Imaging System

1. Scanhead Indications for Use Form Device Name: Convex Array 6-2 C 40

Clinical Application	Mode of Operation											
	A	В	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (specify)	Other (specify)		
Ophthalmic				<u> </u>	<u> </u>							
Fetal	1_	N	N						N			
Abdominal	<u> </u>	N	N					<u> </u>	N			
Intraoperative (specify)	<u> </u>				<u> </u>	ļ	ļ	ļ				
Intraoperative Neurological						# · · · ·						
Pediatric		N	N				<u> </u>		N			
Small Organ (specify)		N	N		<u> </u>				N			
Neonatal Cephalic					<u> </u>							
Adult Cephalic								<u> </u>				
Cardiac								<u> </u>				
Transesophageal												
Transrectal					<u> </u>		<u> </u>		<u> </u>			
Transvaginal					<u> </u>							
Transurethrat												
Intravascular					<u> </u>			ļ		<u> </u>		
Perpheral Vascular		N	N		<u> </u>			ļ	N	ļ		
Laparoscopic		<u> </u>	_				 					
Musculo-skeletzi Conventional												
Musculo-skeletal superficial							<u> </u>					
Other (specify)							<u> </u>			<u> </u>		

N=new indication			
Additional Commer	ts: Small organ includes: thyroid, parathyroid, submaxillary gland, testes a	and breast	
Combined Modes:	Fetal: B+M, Abdominal: B+M.		
	Pediatric: B + M. Small Organ: B + M.		
	Peripheral Vascular: B+M.		
	PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAG	GE IF NEEDED	
	Concurrence of CDRH, office of Device Evaluation (ODE)		
Prescription Use	(Per 21 CFR 801.109)		7

(Division Sign-Off)
Division of Reproductive, Abdominal, ENT, and Radiological Devices
510(k) Number

Re: K984203

SIUI Apogee 800PLUS Ultrasound Imaging System

2. Scanhead Indications for Use Form Device Name: Linear Array 11-5 L 40

Clinical Application	Mode of Operation												
	A	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (specify)	Other (specify)			
Ophthalmic									(
Fetal													
Abdominal	<u> </u>				<u> </u>								
Intraoperative (specify)	<u> </u>				<u> </u>		ļ						
Intraoperative Neurological					-			44 cm-va-					
Pediatric	<u> </u>	N	N	N	<u> </u>	N			N				
Small Organ (specify)	<u> </u>	N	N	N	<u> </u>	N			N				
Neonatal Cephalic				<u> </u>	<u> </u>								
Adult Cephalic	1	<u> </u>	<u> </u>		<u> </u>								
Cardiac			<u> </u>			ļ							
Transesophageal				1			<u> </u>						
Transrectal					<u> </u>								
Transvaginal													
Transurethrat	<u> </u>				ļ	<u> </u>			<u> </u>				
Intravascular	<u> </u>			ļ	ļ	<u> </u>	<u> </u>			<u> </u>			
Perpheral Vascular		N	N	N	<u> </u>	N			N				
Laparoscopic	1_	_	_		ļ	 	<u> </u>	 		<u> </u>			
Musculo-skeletal Conventional	<u> </u>				<u> </u>								
Musculo-skeletal superficial													
Other (specify)			1		<u> </u>	<u> </u>		<u> </u>					

ther (specify)		<u>ll_</u>							<u> </u>	<u> </u>
N=new indication										
Additional Comments:	Small o	rgan incl	udes: th	vroid, parat	hyroi	d_subma	xillary gland, te	stes and bo	east	
Combined Modes: Pe	diatric:	B+M.E	+ PWC	B + Color	8+	Color + N	B + Color + F	OW.		
Sm	sorO lle	n: B + M	B+PW	D. B + Colo	r.B.	-Color +M	B+Color+P	WD		
Per	pheral	Vascular	: B+M. [B+ PWO. B	- cold	or B + Co	lor + M. B + Co	olor + PWD		
PL	ASE D	NOTWE	ITE BELO	OW THIS LINE	- cc	ONTINUE O	N ANOTHER PA	BE IF NEEDE	D	
		Co	ucniteuc	se of CDRH, o	Hice	of Device t	ivaluation (ODE)			
Prescription Use (P	er 21 (CFR 80	1.109)					1		
					3		(Division S Division of and Radiolo 510(k) Nun	Reproduct	ive, Abdomin ces	nal, ENT,